

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034876

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149Primary Registration District No. 1002Registrar's No. 4744

STATE FILE NUMBER

FILED SEP 28 1962

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN Kansas City

Length of stay in 1b

40 years

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Baptist Memorial Hosp

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

COUNTY

Jackson

c. CITY

OR

TOWN Kansas City

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

ADDRESS 3517 E. 46th Street

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

EDGAR

Middle

McCULLOCH

Last

4. DATE
OF
DEATH

Month

Day

Year

September 13 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9/8/85

9. AGE (last birthday)

77

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Manager-Industrial Relations

10b. KIND OF BUSINESS OR INDUSTRY

Ford Motor Co.

11. BIRTHPLACE (City and state or country)

Manchester, England

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Fred

McCulloch

13b. MOTHER'S MAIDEN NAME

Alice Rigby

14. NAME OF HUSBAND OR WIFE

Beatrice McCulloch

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

Beatrice McCulloch, 3517 E. 46th St.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Parkinson's Disease

INTERVAL BETWEEN ONSET AND DEATH

5 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Decubitus Ulcer - Staphylococcus Infection

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-1955 to 9-13-62 and last saw her alive on 9-12-62
Death occurred at 7:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Type or title)

22b. ADDRESS

915 Angelle Bldg KCMO 9/14/62

22c. DATE SIGNED

(State)

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Sept. 15, 1962 Floral Hills Cemetery

23c. NAME OF CEMETERY OR CREMATORY

Kansas City

23d. LOCATION (City, town, or county)

Missouri

24. FUNERAL DIRECTOR

1331 Brush Creek Blvd.
D.W. Newcomer's Sons, Kansas City, Mo.

25. DATE RECD. BY LOCAL REG.

9-16-62

26. REGISTRAR'S SIGNATURE

Duth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF:

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

Terry E. Lilly, Jr., MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1

2 3 6 0 8

3

4 0

5 1

6

7 2

8 0

9 350 X

10

11

12 50 - 0

13

Dr. Terry E. Lilly, Jr.
915 Argyle Bldg. - 3 to 5

Nov 2 - 1148

Nov 1 - 5436

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Raymond M. Hardy

Licensed Embalmer No. 4913

P. O. Address Indep. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.